

## HAMILTON COUNTY CLERK NEW BUSINESS APPLICATION

Remit \$15 with this form to complete application. Make checks payable to "Hamilton County Clerk". Mail to: Hamilton County Clerk, 625 Georgia Avenue, Room 201, Chattanooga, TN 37402

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL. 1a. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION. 1b. License Type: Standard Minimal Activity Classi 1A Class 1E Class 1C Class 3 Class 5A Gross Receipts:(over \$10,000) (\$3,000-\$10,000) Class 4 1c. Fiscal Year End: Class 1B Class1D Class 2 Class 5B 3. DATE BUSINESS BEGAN IN TENNESSEE AT 2. REASON FOR APPLYING: 1. Renew Minimal Activity License Acct No: THIS LOCATION: 2. New business 3. Additional location 4. Purchase of existing business **BUSINESS NAME AND EXACT LOCATION BUSINESS MAILING ADDRESS BUSINESS NAME** NAME (ENTER LEGAL NAME, IF DIFFERENT) STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) P.O. BOX. STREET, ROUTE, OR HIGHWAY APARTMENT OR SUITE NUMBER APARTMENT OR SUITE NUMBER CITY STATE ZIP CODE CITY STATE ZIP CODE 6. COUNTY IN WHICH BUSINESS IS LOCATED 7. BUSINESS TELEPHONE NUMBER 8. CONTACT PERSON'S NAME Hamilton IS BUSINESS LOCATED INSIDE A TENNESSEE CITY? **BUSINESS FAX NUMBER CONTACT E-MAIL ADDRESS** (if Yes. Name of City) APPLIED FOR **ENTER FEDERAL EMPLOYER'S IDENTIFICATION #** NOT REQUIRED ☐ APPLIED FOR 10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION NOT REQUIRED 11. TYPE OF OWNERSHIP (SELECT ONE): Corporation 12. TENNESSEE SECRETARY OF STATE S Corporation Partnership **IDENTIFICATION #. IF APPLICABLE** Proprietorship Llimited Partnership Husband/Wife LLC LLP PLLC PRPLLP Bank Sav Loan Credit Union F/Institute 13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION. STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD: 14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS (SSN required for all Officers, Partners and Individual Owners) (1) NAME HOME TELEPHONE# ☐ SOCIAL SECURITY # FEDERAL FIN HOME ADDRESS (DO NOT USE P.O. BOX #) STATE ZIP CODE Member Officer Partner Owner - Individual Owner - Company Contact Person (2) NAME HOME TELEPHONE# SOCIAL SECURITY # FEDERAL EIN HOME ADDRESS (DO NOT USE P.O. BOX #) CITY STATE ZIP CODE Member Officer Partner Owner - Individual Owner - Company Contact Person THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE FOR OFFICIAL USE ONLY AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.) Date Received SIGN HERE: SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP) If applying for a minimum activity license, anticipated Gross Receipts must be less than Account # \$10,000 TITLE DATE